

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/890768**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2	1						52					
3		21					53					
4		10					54					
5		10					55					
6		10					56					
7		8					57					
8	1						58					
9	1						59					
10		12					60					
11		10					61					
12		10					62					
13		10					63					
14		10					64					
15	1						65					
16		1					66					
17		12					67					
18		10					68					
19		10					69					
20		10					70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	14						TOTAL DEP.					
TOTAL CLAIMS	19						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS